

ARMY-SPONSORED TRAINING APPLICATION CPO VERIFICATION CHECKLIST

This form will be used by the CPO to provide and verify information needed to make selections for Army-sponsored training. **This form should be completed by a CPO representative and attached to the front of each nomination package.**

1. NAME (Last, First, MI):

2. SCHOOL OR PROGRAM:
ARMY COMPTROLLERSHIP PROGRAM

Please provide the following information on each nominee, as appropriate.

3. Complete on ALL nominees:

a. Does nominee meet eligibility requirements as stated in the training announcement? If no, explain. YES _____ NO _____

b. If nominee has a pending personnel action which will result in a change of position, describe action, date, and pending change.

c. If nominee is now occupying an overseas position, give date of overseas assignment and projected rotation date.

d. If nominee has previously participated in Army-sponsored training, state program and inclusive dates.

e. Does the training program exceed 12 months?

YES XX NO _____

4. Please review each application package to assure that the following material and forms have been provided in accordance with the Matrix at APPENDIX A and that the forms have been completed and are arranged in the order listed below. Please place a check mark by each item contained in the application package. Enter N/A as appropriate.

Tab A **Appropriate Endorsements.** (See individual announcements)

Request for Waiver of Eligibility Requirement (See individual announcements)

Tab B,C **Army Sponsored Training Application Form**

Appropriate DOD Executive Leadership Program Form (ELC/SELC)

Tab I,J **Applicable Harvard or Syracuse Forms**

DA Form 145 - Army Correspondence Course Enrollment Application(for AODC only)

Personnel Management for Executives Program Form (PME/PME-II)

Tab E **Functional Review Form**

Executive Biography

Tab F **Supplemental Application Questionnaire**

SARSF Fellowship Plan (AR 690-410, subchapter 13)

Academic Plan

Tab G **Civilian Qualification Record (DA Form 2302-R)**

(Tab F) **Mobility Agreement**

Tab H **Performance Ratings** (3 most recent) **and companion TAPES Support Forms**, if applicable

Request for Central Resource Support Form

Cost Comparison

Tab D **Operational Assignment Form**, in lieu of **DA Form 4338-R**

DD Form 1556

Tab K **SF 181 (Optional)**

NAME/TITLE OF CERTIFYING OFFICIAL:

ACTIVITY ADDRESS/PHONE NUMBER:

SIGNATURE:

DATE:

ARMY-SPONSORED TRAINING APPLICATION

PRIVACY ACT NOTICE

Individuals asked or required to furnish personal information are advised of this following: AUTHORITY: 5 USC 3302.

PURPOSES & USES: Your completed ARMY-SPONSORED TRAINING APPLICATION will be used by a rating panel of subject matter experts in determining whether you are highly qualified for consideration for Army-sponsored training. It may also be reviewed by selecting officials and other personnel involved in the selection process, in developing training plans, and in other phases of the program. Information you supply may also be used for preparing reports, and replying to correspondence.

<u>Check One</u> School or Program	<input checked="" type="checkbox"/>	ACP	<input type="checkbox"/>	AMSC (Res)(#)	<input type="checkbox"/>	AMSC(NR)	<input type="checkbox"/>	AWCC
	<input type="checkbox"/>	ELC	<input type="checkbox"/>	EMPEP	<input type="checkbox"/>	GCAP/AFIT	<input type="checkbox"/>	ICAF
	<input type="checkbox"/>	LEDC	<input type="checkbox"/>	LEGIS	<input type="checkbox"/>	MMPEP	<input type="checkbox"/>	SARF
	<input type="checkbox"/>	SELC	<input type="checkbox"/>	MDMPEP	<input type="checkbox"/>	TMPEP	<input type="checkbox"/>	CPD-TWI
	<input type="checkbox"/>	CPD-Univ	<input type="checkbox"/>	OTHER(Specify):				

1. NAME (Last, First, MI):		2. Social Security No.		3. Pay Plan/Series/Grade/Step	
4. Army Acquisition? Clearance	<input type="checkbox"/>	5. Length of Service (Years, Months)	6. Last Promotion (Year, Month)	7. Career Program or Career Field	8. Security
9. Home Address (Street, City, State & Zip)		10a. Organization Name/Office Address			11. MACOM
		10b. E-mail Address:			
12. PHONE NUMBERS	a. HOME (with area code)	b. OFFICE Commercial	c. OFFICE DSN	d. OFFICE FAX	

13. MOTIVATION FOR ATTENDANCE: What do you hope to achieve by participating in this program? Address how attendance will enhance your contribution to the organization and the Army's mission. In what ways do you expect your background, experience and capabilities to contribute to classroom and study group discussions? Response may be continued on no more than one side of one attached sheet.

4. APPLICANT SIGNATURE

15. DATE

SUPERVISORY RATING AND ENDORSEMENT

16. For each knowledge or ability shown, please indicate the level that best describes your observation of the applicant's performance with respect to that knowledge or ability, using the following numerical scale:

5 - SUPERIOR

3 - ACCEPTABLE

1 - UNACCEPTABLE

4 - HIGHLY ACCEPTABLE

2 - MINIMALLY ACCEPTABLE

0 - UNKNOWN

_____ ABILITY TO RESEARCH, ANALYZE AND EVALUATE. Ability to obtain information, define problems, identify relationships, evaluate quality, assess impacts and consequences, make conclusions/recommendations; ability to determine quality of projects, programs, or performance by comparison against standards or objectives.

_____ ABILITY TO COMMUNICATE ORALLY. Ability to brief, instruct, explain, advise, or persuade on job-related matters.

_____ ABILITY TO COMMUNICATE IN WRITING. Ability to express ideas in writing, e.g., reports, information papers, letters, manuals, published professional or other material.

_____ PROFESSIONAL KNOWLEDGE. Expertise and knowledge of his/her occupational field.

_____ KNOWLEDGE OF POLICY MAKING PROCESS. Knowledge of methods, procedures and systems used to develop and issue policy; understanding and assessing impact of policy upon user.

_____ ABILITY TO INNOVATE AND SYNTHESIZE. Ability to develop policies, procedures, programs, or solutions to problems; ability to integrate or orchestrate to produce new ideas or strategies; ability to originate action ("self starter").

17. COMMENTS RELATING TO RATINGS:

18. In the space below, provide your recommendation for this employee's participation in the training/development program indicated.

19. Supervisor's NAME, TITLE AND GRADE

20. SIGNATURE

21. DATE

OPERATIONAL ASSIGNMENT FORM

1. (To be completed by the CANDIDATE.) For your post-training operational assignment, please indicate your preferences for work location, job series, and command level. In each column, rank each choice, starting from most preferred (number 1) to least preferred. Add any explanatory comments you feel necessary at the end, and be sure to address any special needs or desires for the selection board's consideration both here and in block 13 of Tab B, page 3-3.

WORK LOCATION	JOB SERIES	COMMAND LEVEL
US Northeast _____	343 Mgt _____	Installation _____
Wash. DC Area _____	343 Prog _____	Depot/SubComd _____
US Southeast _____	501 _____	Major Command _____
US Southwest _____	510 _____	Separate Agency _____
US Northwest _____	511 _____	HQDA Staff _____
Overseas _____	560 _____	OSD/DoD _____
Other _____	1515 _____	Other _____

2. (To be completed by the SUPERVISOR.) Identify and describe a position in your organization, command or agency that would be made available as an operational assignment, either for this ACP candidate or for another. Specify job series, grade, organizational element, and principal duties of the position, and provide TDA paragraph and line number where available.

Functional Review Form

Career Program/Field:

Name (Last, First, Middle):

School or Program:

ARMY COMPTROLLERSHIP PROGRAM

This form should be completed by Activity Career Program Managers (ACPM) and MACOM Career Program Managers (MCPM). If ACPMs are not available because of organizational structure or the nominee is not in a DA Civilian Career Program, this form should be completed by the next level supervisor(s) or functional official(s). Items 1c, 2c, and 3c will be completed after submission to ASA(M&RA).

1. To what extent is this training program appropriate to the employee's occupation and at this stage in his/her career development? Initial the appropriate line and column.

a. Activity CP
Manager (ACPM)

b. MACOM CP
Manager (MCPM)

c. Functional Chief Rep/
Personnel Proponent
(For FCR/Per Prop use **ONLY**)

Critical			
Important			
Desirable			
Not Appropriate			

2a. Reason for Rating of ACPM or Other Reviewer in 1a above:

2b. Reason for Rating of MCPM or Other Reviewer in 1b above:

2c. FCR/Personnel Proponent Concurrence/Comment regarding 1c above:

3. Each employee who attends training should have a utilization plan that will assure full utilization of the knowledges and abilities acquired during the training program. Please review the utilization plan proposed by nominee's supervisor (Supervisory Rating Form) and add your comments and recommendations below.

a. Comments/Recommendations of ACPM or Other Reviewer:

b. Comments/Recommendations of MCPM or Other Reviewer:

c. Comments/Recommendations of FCR/Personnel Proponent:

Rank Order _____ of _____

ACPM or Other Reviewer's Title:	Signature	Date:
MCPM or Other Reviewer's Title:	Signature	Date:
FCR/Personnel Proponent's Title:	Signature	Date:

SUPPLEMENTAL APPLICATION QUESTIONNAIRE

Name (Last, First, Middle):

School or Program:

ARMY COMPTROLLERSHIP PROGRAM

INSTRUCTIONS FOR COMPLETING SUPPLEMENTAL APPLICANT QUESTIONNAIRE

The purpose of this form is to gather specific and detailed information concerning the degree to which you possess the knowledges and abilities (KAs) required by the training program for which you applied. For each KA shown on the attached pages, please give: (1) a synopsis of your background describing experience and/or education, training, awards, and outside activities which show possession of the KA; and (2) a specific accomplishment which you feel best reflects your possession of the KA. Be sure to describe accomplishments you feel are at your highest level, and use those that are as **recent** as possible. Each accomplishment must include the following:

- (1) A description of the problem to be solved or the objective to be achieved.
- (2) A description of what was done and when (given approximate dates). Education, training or awards included in descriptions must be related to accomplishments.
- (3) A statement of the outcome, result, or success of the accomplishment.
- (4) The name, address, and telephone number of someone who can verify the information. Indicate whether the person was a supervisor, co-worker, instructor, committee chairman, etc.
- (5) You may wish to use SOME or ALL of your CP-11 ACCES accomplishment statements to fulfill this requirement.

MOBILITY AGREEMENT

I make the following statements as a part of my application for training with full knowledge of the penalties involved for willfully making a false statement (18 U.S. Code 1001).

Signature

Date

DO NOT ATTACH ADDITIONAL SHEETS, JOB DESCRIPTIONS OR SAMPLES OF YOUR WORK

Name :

1. Ability to research, analyze and evaluate: Ability to obtain information, define problems, identify relationships, evaluate quality, assess impacts and consequences, and make conclusions/recommendations; includes the ability to determine quality of projects, programs, or performance by comparison against standards or objectives.

BACKGROUND SYNOPSIS -

ACCOMPLISHMENT:

Problem or objective -

What I actually did and when (approximate dates) -

What the outcome was -

Verifying person (name, address, phone) -

Name:

2. Ability to communicate orally: Ability to brief, instruct, explain, advise, or persuade on job-related matters.

BACKGROUND SYNOPSIS -

ACCOMPLISHMENT:

Problem or objective -

What I actually did and when (approximate dates) -

What the outcome was -

Verifying person (name, address, phone) -

Name:

3. Ability to communicate in writing: Ability to express ideas in writing, e.g., reports, information papers, letter, manuals, etc. Include published professional or other materials.

BACKGROUND SYNOPSIS -

ACCOMPLISHMENT:

Problem or objective -

What I actually did and when (approximate dates) -

What the outcome was -

Verifying person (name, address, phone) -

Name:

4. Professional knowledge: Expertise and knowledge in your occupational field.

BACKGROUND SYNOPSIS -

ACCOMPLISHMENT:

Problem or objective -

What I actually did and when (approximate dates) -

What the outcome was -

Verifying person (name, address, phone) -

Name:

5. Knowledge of policy-making process: Knowledge of methods, procedures and systems, used to develop and issue policy; understanding and assessing impact of policy upon user.

BACKGROUND SYNOPSIS -

ACCOMPLISHMENT:

Problem or objective -

What I actually did and when (approximate dates) -

What the outcome was -

Verifying person (name, address, phone) -

Name:

6. Ability to innovate and synthesize: Ability to develop policies, procedures, programs, or solutions to problems; ability to integrate or orchestrate to produce new ideas or strategies; ability to originate action ("self-starter").

BACKGROUND SYNOPSIS -

ACCOMPLISHMENT :

Problem or objective -

What I actually did and when (approximate dates) -

What the outcome was -

Verifying person (name, address, phone) -